Name In Full

Certificate of Death

No Name Baker

Town: [illegible] County: Wicomico

Died at Salisbury MARYLAND

Date 1897 Month: Oct Day: 30

Age Y. — M. — D. 6

Native of Wicomico

Occupation —

Male — Female — White — Colored — Married — Single — Widow — Widower — Divorced — Number of children living

Husband of Wife

Father's Name Ford Baker

Mother's Name Annie Baker

Cause of Death — Primary: Intestinal Obstruction — How long sick

Immediate: Heart failure — Accident, Suicide, Homicide —

Reported by Louis Wilson

Address [redacted] Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name In Full

Lilas Bozard

Certificate of Death

Died at Town: Salisbury County: Wicomico MARYLAND

Data 1899 Month: Oct. Day: 22 Aga Y. 35 M. D. | Native of md | Occupation waiter

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Lewis | Mother's Name Sally Bailey

Cause of Death — Primary: Phthisis Pulmonalis | How long sick: Don't Know

Immediate: Anem. 22a | ~~Accident, Suicide, Homicide~~

Reported by F. M. Plummer

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coronar, undertakar or minister.

LIBRARY BUREAU, 70869

1899	1	2	7
1808	1	2	9
91	2	2	4
	10		6

Name in Full

Certificate of Death

Edna May Cupper

Town

County Worcester

Died at

MARYLAND

Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899 October	15	Age	2			Maryland	

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of ~~Moses Cupper~~

Father's Name Moses Cupper

Mother's Name Dela Cupper

How long sick

Cause of Death { Primary dropsy

Immediate

Accident, Suicide, Homicide

Reported by J. R. Harlow undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

dr. Gorde Hamond
Berlin
attending physician

Name in Full — Certificate of Death

Jno. E. Davis

Died at — Town: near Salisbury — County: Wicomico — MARYLAND

Date 1899 — Month: Oct — Day: 9 — Age: Y. 33 M. D. — Native of: Md — Occupation: Laborer

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ Widower — Divorced — Number of children living 1

Husband of / Wife —

Father's Name: Stephen Davis — Mother's Name: Shockley

Cause of Death — Primary: Paralysis — 44 — How long sick: 4 days

Immediate: only saw him once & am not certain — Accident, ~~Suicide~~, ~~Homicide~~

Reported by: G. W. Ford

Address: Salis — Bury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Certificate of Death

Arthur Delaney

Town

County

Died at Salisbury Wicomico MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	Oct	29	Age 75			Virginia	Sailor

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Don't know

Mother's Name Don't know

Cause of Death — Primary: Dropsy & organic heart trouble — How long sick: 6 months

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by Louis Willson M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7966B

Name In Full

Certificate of Death

Mrs Joseph Gillis

Town

County

Died at Delmar Wicomico MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 10	11	Age 63				

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

Husband of Wife Joseph W. Gillis

Father's Name

Mother's Name

Cause of Death — Primary: Heart trouble 5-7 — How long sick: 6 mo

Immediate — Accident, Suicide, Homicide

Reported by Chas. L. Marvil, Undertaker

Address Delmar Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from W. J. Ingram

of Nelson

Name In Full

Minos Hammond

Certificate of Death

Died at Town: Parsonsburg County: Wicomico MARYLAND

Date 1894 Month: Oct. Day: 21 | Age Y. 69 M. 2 D. 13 | Native of Md. | Occupation Farming

~~Male~~ ~~Female~~ | ~~White~~ ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~ 12

Husband ~~Wife~~ of Mahala Wyatt Hammond

Father's Name: Do not know base born

Mother's Name: Polly Hammond

Cause of Death — Primary: General Dropsy

Cause of Death — Immediate: Do not know

How long sick: 5 months

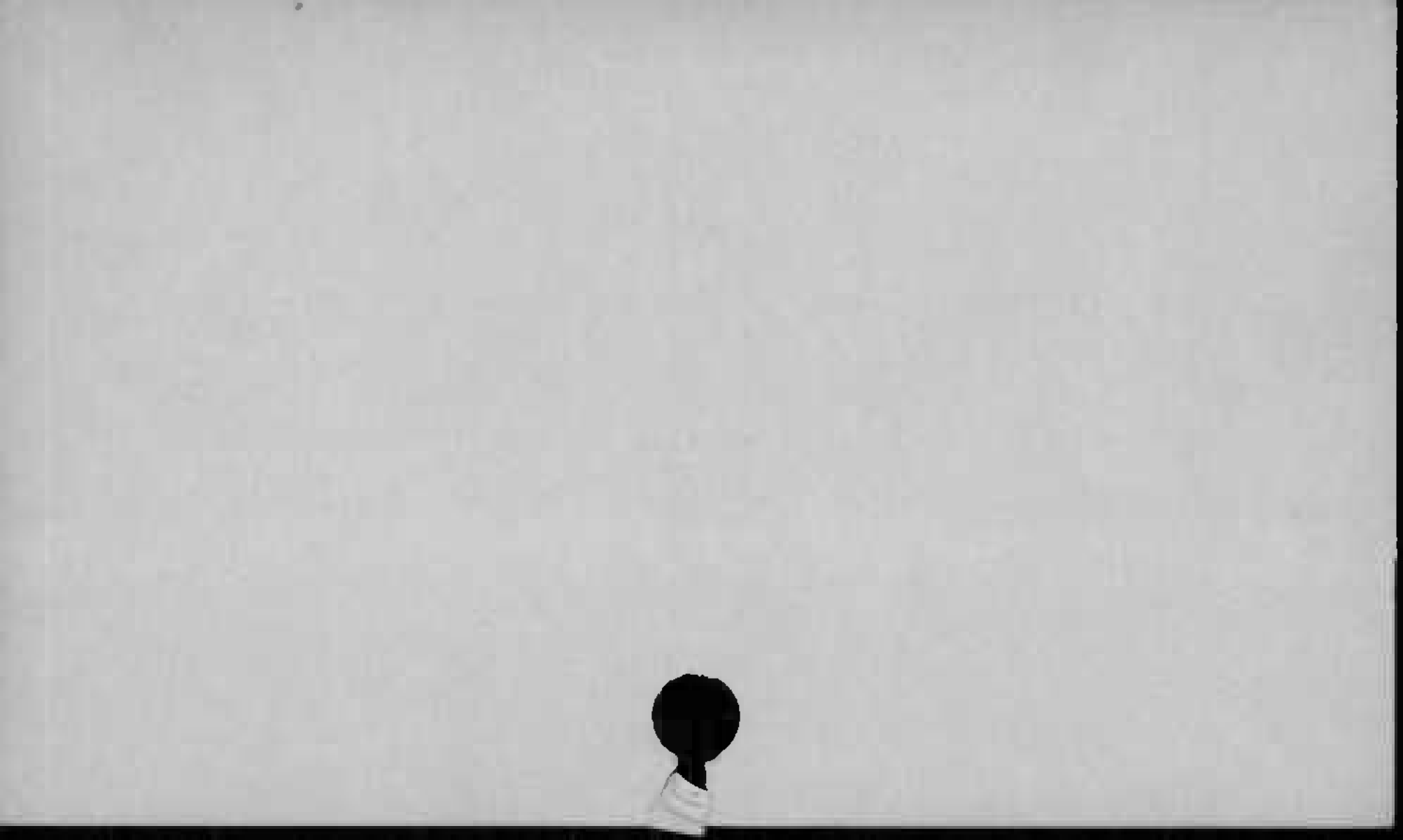
~~Accident, Suicide, Homicide~~

Reported by Dr. Geo. H. Smith

Address Parsonsburg Wicomico Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Mrs. Jane Ingrahall

Town

Died at Salisbury

County

Wicomico

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	10	9	Age 43			c	Home-maker

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~

Number of children living 0

~~Husband~~ Wife of Jane Ingrahall

Father's Name

Mother's Name

Cause of Death

Primary Peritonitis 93

How long sick 1 day

Immediate Apnoea

Accident, Suicide, Homicide

Reported by Fredrick, M.D.

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Phillips

Certificate of Death

Town Dalesburg County Wicomico

Died at Dalesburg MARYLAND

Date 189 9	Month Oct	Day 26	Age Y. 1	M. 22	D.	Native of	Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of Infant

Father's Name George Phillips

Mother's Name Phillips

Cause of Death — Primary: accidental — How long sick:

Immediate — Accident, Suicide, Homicide

Reported by F. M. Clemens

Address Dalesburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name In Full

Certificate of Death

Isaac Rocutt.

Died at Town Allen County Wic MARYLAND

Date 189 9 Month Oct Day 8 | Age Y. 26 M. D. | Native of U S | Occupation Farmer

~~Male~~ ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

Husband Wife

Father's Name Antony Rocutt

Mother's Name

Cause of Death — Primary Typhoid

How long sick 4 5 days

Immediate Cardiac failure

~~Accident, Suicide, Homicide~~

Reported by J J Long

Address Allen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7[illegible]

Name In Full

Certificate of Death

Sallie Vincent

Town

County

Died at near Salisbury Wicomico MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 189 4	10	16	Age	73			Maryland	Housework

[redacted] White [redacted] Widow [redacted]

Female [redacted] [redacted] [redacted] Number of children living 4 & 1

Husband of Wife Vincent

Father's Name —

Mother's Name —

Cause of Death — Primary: Paralysis (Cerebral) 42 — How long sick: 1 week

Immediate: Exhaustion

[redacted], Suicide, [redacted]

Reported by Jno. Fisher

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70858

Name In Full

John Washburn Jr.

Certificate of Death

Died at Town: Shad Point County: Wicomico MARYLAND

Date 1899 Month: oct. Day: 7 | Age Y. M. D. | Native of Wicomico | Occupation Oysterman & Sailor

Male / ~~Female~~ | White / ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 1

Husband / Wife of Ella Washburn

Father's Name Joseph Washburn | Mother's Name Sarah Washburn

Cause of Death — Primary: Consumption 22 a — How long sick: 1 year

Immediate: Heart failure Lung Hge — ~~Accident~~, Suicide, ~~Homicide~~

Reported by Louis W. Morris, M.D.

Address [redacted] Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70018

Name In Full

Ruth Williams

Certificate of Death

Died at Salisbury (Town) Wicomico (County) MARYLAND

Date 1939 Month Oct Day 26

Age Y. 5 M. 10 D.

Native of Virginia

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living

Husband of Wife

Father's Name Herbert Williams

Mother's Name Beatrice Williams

Cause of Death — Primary Marasmus — How long sick 6 weeks

Immediate Heart failure — Accident, Suicide, Homicide

Reported by Louis W. Hearn M.D.

Address [redacted] Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70-5116